



APPLICATION FOR SCHOOL-BUSINESS PARTNERSHIP

In accordance with Nebo School District Policy KACA, *School Advertising Restrictions*, this form must be completed and signed by the individual seeking to partner with Nebo School District, and submitted to the appropriate school for approval.

Name of Individual/Entity: _____ Date: _____

Address: _____

Authorized Representative: _____ Phone: _____

Identify the Utah Core Standards and/or Objectives to be satisfied by the partnership:

Describe the responsibilities of the applicant, including services and/or products to be offered, and how those services/products will satisfy the Utah Core Standards/Objectives identified above:

What is the anticipated duration (not to exceed three years) of this partnership?

Applicant – Print Name

Applicant – Signature

Date

This application for school-business partnership is Accepted (This partnership may be terminated without recourse at any time and for any reason at the discretion of the District) or Denied.

Administrator – Print Name

Administrator – Signature

Date